

<b>KIRKLEES HEALTH &amp; WELLBEING BOARD</b>
<b>MEETING DATE: 28<sup>th</sup> September 2017</b>
<b>TITLE OF PAPER: Kirklees Integrated Healthy Child Programme update report</b>
<p><b>1. Purpose of paper</b></p> <p>This paper serves as an operational update on the newly commissioned Kirklees Integrated Healthy Child Programme (KIHCP). The programme began on 1 April 2017 and performs under the working title of Thriving Kirklees.</p>
<p><b>2. Background</b></p> <p>A full report in relation to the outcomes, principles and vision for the Healthy Child Programme was discussed and agreed by the board on the 30<sup>th</sup> June 2016; it was subsequently discussed at board on the 26.1.2017 prior to the contract going live on the 1<sup>st</sup> April 17.</p> <p>Thriving Kirklees initially brings together the following services:</p> <ul style="list-style-type: none"> <li>• Health visiting and family nurse partnership (0-5 year old public health resource).</li> <li>• School nursing (5-19 year old public health resource)</li> <li>• Children and adolescent mental health service (CAMHS) tiers 2 and 3</li> <li>• Autism Spectrum Conditions assessment and support</li> <li>• Children’s Learning Disability and Occupational Therapy provision.</li> <li>• Learning from the pilot Single Point of Access and schools link pilot in the CAMHS Transformation Plan</li> <li>• Children’s weight management service</li> <li>• Healthy vitamin scheme</li> <li>• Children’s Accident Prevention Scheme</li> </ul> <p>The programme will be a catalyst for change within this provision but will also work closely to support and align with a number of the cross cutting programmes in Kirklees including:-</p> <ul style="list-style-type: none"> <li>• All age disability</li> <li>• Schools as community hubs</li> <li>• Early Intervention and Early Help offer</li> </ul>

### **3. Service update**

#### **Mobilisation of the programme**

Key Performance Indicators have been agreed and the partnership is in place. A mobilisation plan identifies opportunities, threats and mitigation against any risks.

Since Thriving Kirklees was established in April 2017, the following has been achieved:

- a) Continued delivery of services to avoid any disruption of existing provision to children, young people, their families and professionals.
- b) Established early data flow and reporting lines. Assurance work continues around information sharing between CAMHS, Locala and Commissioners.
- c) Development of joint work streams involving representation from Public Health to ensure the transformation is evidence based and timely.
- d) Implementation of the National Vision screening, Weighing and Measure service (North model) across South Kirklees
- e) Development of a new 24/7 single point of contact for all services within Thriving Kirklees. Planned go live date of the 2nd of October
- f) Creation of 9 new skill mix 0 - 19s teams. The teams are led by Public Health Intelligence Leads (PHILs) Team Leaders and include; health visitors, school nurses, (now working in dual roles, namely 0-19 practitioners), nursery nurses and assistant practitioners
- g) The 9 teams mirror areas agreed with schools as community hubs to ensure an integrated approach within the community and a wider opportunity to work in a seamless manner avoiding duplication
- h) PHILs are utilising local intelligence and data to work with the local communities, schools as community hubs and the Thriving wider workforce to begin to identify local community health needs and the available assets to meet need

#### **Workforce**

Introduction of the Calderdale competency based framework focused on upskilling staff.  
E.g.

- Improved knowledge and skills mix; health visitors and school nurses completing their alternative discipline portfolio to become 0-19 practitioners
- Initial anecdotal feedback is positive on the new family centred approach - one practitioner meeting the needs of families who have children of varying ages
- HomeStart volunteers delivering the Nurturing parent approach focused on building a strong attachment and bond between parents and baby from pregnancy onwards.
- Targeted upskilling of schools through School Link work to increase the emotional health of the schools

#### **Initial Benefits**

- a) Combined CAMHS (Tier2 & 3) duty – children identified as high risk receive an immediate

response and follow up appointment

- b) ADHD, ASC and LD pathways – early identification / screening implemented to ensure children’s needs are identified at the initial point of contact and the correct pathway followed to meet need
- c) Review of Tier 1 emotional, health and wellbeing offer to ensure messages are consistent with specialist services

**Performance**

- a) More new parents are receiving antenatal and new birth face to face contacts. These have increased from;
  - Antenatal 2016/17 average of 80% to 92% in 2017/18 Q1
  - New Birth 2016/17 average of 86% to 95% in 2017/18 Q1
- b) Additional Autism Spectrum Condition assessment clinics have now commenced with a goal of 24 assessments per month to reach the target of 12 months by Aug 2018

**Area of Focus**

- a) Lack of progress on specialist service CAMHS waiting times
- b) Currently combined at 15.25 weeks, an increase from 15 weeks in 2016/17 Q4

**Assurance**

- a) Transformational Premium – key measures agreed including waiting time trajectory
- b) Reporting structure established
- c) Governance structure in place
- d) Dedicated PH lead

**4. Financial Implications**

- The services that are currently delivering elements of the HCP and CAMHS are outlined above.
- The current contract values/service budgets for these services have determined the financial envelope.
- Commissioners will be seeking savings over the contract term but with demonstrable improved outcomes for children, young people and families

**5. Sign off**

Rachel Spencer –Henshall (Service Director - Policy, Intelligence & Public Health, Public Health)

Richard Parry – Strategic Director for Adults and Health

**6. Next Steps**

- Continued implementation of the transformation programme until April 2022 with the support

of Public Health

- Robust monitoring of performance

## **7. Recommendations**

That the Board:

- Note the successful implementation of the contract
- Strategically support the transformation of the healthy child programme 0-19 across Kirklees

## **8. Contact Officer**

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# Thriving Kirklees

Working together for healthy  
children, young people and families

**2017/18 Q1 Kirklees Integrated Healthy Child  
Programme KIRKLEES HEALTH & WELLBEING  
BOARD Update**

*it's time to change...*

ournewcouncil

# Current Position

- The Kirklees Integrated Healthy Child Programme has been operating under the Partnership Banner of 'Thriving Kirklees' since 1<sup>st</sup> April 2017
- The partnership includes Locala, SWYFT, Northorpe Hall, HomeStart and Yorkshire Childrens Centre
- The Governance Structure includes: an Integrated Partnership Board, operational and contract meetings. The first of the Quarterly Performance reports has been submitted by Thriving covering the period **April – June 2017**

# Mobilisation Update

# Mobilisation

- A mobilisation plan identifies opportunities, threats and mitigation against any risks
  - **Key achievements:**
    - **Continued delivery** of services to avoid any disruption of existing provision to children, young people, their families and professionals
    - Development of **joint work streams** involving representation from Public Health to ensure the transformation is evidence based and timely.
    - Implementation of the National Vision screening, Weighing and Measure service (North model) across South Kirklees
    - **Development of a new 24/7 single point of contact** for all services within Thriving Kirklees. Planned go live date of the 2nd of October



# Mobilisation

- Creation of 9 **new skill mix 0 - 19s teams**. The teams are led by Public Health Intelligence Leads (PHILs) Team Leaders and include; health visitors, school nurses, (now working in dual roles, namely 0-19 practitioners), nursery nurses and assistant practitioners
- The 9 teams mirror areas agreed with schools as community hubs to ensure an integrated approach within the community and a wider opportunity to work in a seamless manner avoiding duplication
- PHILs are utilising **local intelligence and data** to work with the local communities, schools as community hubs and the Thriving wider workforce to begin to identify **local community health needs** and the available assets to meet need

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# Initial Benefits

## Workforce development

- Introduction of the **Calderdale framework** competency based framework focused on upskilling staff. E.g.
  - **Improved knowledge and skills mix**, health visitors and school nurses completing their alternative discipline portfolio to become 0-19 practitioners
  - Initial anecdotal **feedback is positive** on the new family centred approach - one practitioner meeting the needs of families who have children of varying ages
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## Performance

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# Assurance

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# Questions